

Robin's Nest



Parent's Agreement

This form should be signed and submitted to the office. It will be attached to your child's folder at the Phelps Child Care Center.

ATTACH TO THE FILE OF _____

1. I have read, understand, and agree to all stipulations contained in the Phelps Child Care Center Handbook.
2. I have completed and returned the required medical form. I will return an updated medical form yearly on my child.
3. I will notify the Director if there is a change of address or telephone number.
4. I hereby give permission to the Phelps Child Care Center for my child to receive emergency medical treatment in the event that I cannot be reached.
5. My child may () or may not () be photographed (with Director's consent) for valid purposes (such as newspaper article, brochures, room displays, etc).
6. My child may () or may not () participate in field trips conducted by the Center.
7. I agree to pay the sum of \$ _____ per month to the PHELPS CHILD CARE CENTER.
8. I understand in order to have my security deposit refunded, I must give 60 days notice when withdrawing my child from the program.
9. I will contribute the sum of \$ _____ yearly to the Phelps Child Care Center Parent Fund.
10. I assume full responsibility for my child enroute to and from the Child Care Center and until the time the Phelps Child Care Center has accepted my child.

11. I understand my child will be released only to his/her parents unless otherwise authorized in writing by me. Emergency contacts must be within a 24 mile radius and available to pick up at any time during the day.
12. I understand that if I choose to contract with a staff member at the Phelps Child Care Center to care for my child/children outside of school that I do so at my own liability holding the Phelps Child Care Center harmless.
13. I understand the exclusion policy as stated in the parent handbook and agree to follow policy.
14. I understand that failure to comply with the Phelps Child Care Center policies will result in suspension of childcare services.

The signature(s) below indicate my acknowledgement and agreement of the above information.

Mother's Signature _____ Date _____
and
Father's Signature _____ Date _____